



# THE CHILD PLAN

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## ***Our Mission***

North Carolina will provide children and families with mental health needs a system of quality care that includes accessible, culturally appropriate, individualized mental health treatment, intervention and prevention services, delivered in the home and community, in the least restrictive and most consistent manner possible.



**If you need assistance, or have comments or questions about the plan or its implementation:**

Email us:  
ChildPlan@ncmail.net

Call or mail to us:  
Susan E. Robinson  
DMH/DD/SAS  
3021 Mail Service Center  
Raleigh, 27699-3021  
(919) 715-2656

## **LIBBY AND MATTHEW'S STORY**

When Libby first brought her son to the mental health center, Matthew was 10 years old, spent much time alone, was not doing well in school, and said he did not have much reason to live. Matthew was originally diagnosed with depression and later with bipolar disorder. As he entered adolescence, his behavior at school became worse.

Eventually, with the help of a

child and family team, Libby and Matthew experienced significant progress. Libby summarized the importance of the team process by saying, "One was the connection to a family advocate who understood my struggles as a parent, someone who had been through this. The second was involving Matthew in every part of the process. The team listened as he voiced his opinions and concerns and considered what he said in the development of

the plan. Finally, we continuously listed his strengths and then used our family strengths in the development of Matthew's plan."

Matthew graduated from high school magna cum laude in all honors courses and is now earning money for a car before going to college. Read the complete interview: <http://www.dhhs.state.nc.us/mhddsas/childandfamily/index.htm>.

## **TEAM PREPARES FOR STATEWIDE TRAINING**

The Division's Child Mental Health Plan Implementation Team has undertaken intensive study of the new Medicaid service definitions that will be included in the service array for children and youth. These include Community Support, Diagnostic/Assessment, Intensive In-Home Services, Mobile Crisis Management, Multisystemic Therapy and Day Treatment.

While these definitions are undergoing review and possible changes by the federal Centers for Medicare and Medicaid and are posted for

public comment this winter, the Division is preparing for implementation in July 2005.

Several team members are designated as the Division's official experts on assigned definitions. Following the two orientation conferences held in January, a series of more intensive events will be held from February through June. See sidebar.

Training places emphasis on the essential elements of person-centered planning and on implementing the new and modified service definitions.

## **FACTS & FIGURES**

### **Skill-based Training**

Training for professionals in Community Support Services, Person Centered Planning, Diagnostic Assessment, Intensive In-Home and other subjects are being provided now by the UNC-CH Behavioral Healthcare Resource Program under contract with Division.

For detailed descriptions about training events, see: <http://www.behavioralhealthcareinstitute.blueshoe.com>

## PROGRESS AND CRITICAL SUCCESS FACTORS

- **Access:** The Division and LME directors are reviewing policy guidance on access/screening/triage and crisis services.
- **Accountability:** Nine LMEs have trained providers in use of the web-based NCTOPPS to collect outcomes data. Training by the remaining LMEs will be completed by April 30 and all will be using it by July 1, 2005.
- **Best practices:** Research on intensive in-home services is in process.
- **Communication:** The Division's Child and Family web page is being updated as an interim step until the new page can be implemented.
- **Memoranda of agreement:** Those signed in 2003 are still in effect.
- **Operations/Rules/Policies:** The new Medicaid service definitions have been

posted on the web site of the Division of Medical Assistance for public comment. See <http://www.dhhs.state.nc.us/dma/>. Submit your comments. The Rules Committee of the Commission for MH/DD/SA approved new rules for Level III residential services. These rules are now posted for public comment. Workgroups of the Child Team are preparing recommendations on the implementation of a comprehensive array of services 1) for children and youth in crisis, and 2) for aggressive youth with psychiatric disorders.

Contact information for LMEs is available on the Division's web site at: <http://www.dhhs.state.nc.us/mhddsas/>

- **Partnerships:** See the article below.
- **Resources/Funding:** LME applications are due Feb. 25 for use of Mental Health Trust Fund dollars to build/establish intensive in-home services with respite and crisis components. This service is a time-limited intensive family preservation intervention that stabilizes the child's living arrangement, promotes reunification of the family and/or prevents out-of-home placement. These are one-time funds with a maximum award of \$200,000 based on availability of funds. The RFA has been distributed to all LMEs. Contact Patti Escala at (919) 733-7011 or Patti.Escala@ncmail.net for an electronic copy of the RFA.
- **Training:** The Division is planning small, intensive

skill-building workshops beginning in March on select service definitions including community support services.

- **Transitions:** A workgroup is studying evidence-based and promising practices to accommodate children transitioning from residential programs to communities.

### *Did you know?*

New funding guidelines, effective Dec. 1, 2004, expand the use of Comprehensive Treatment Services Program (CTSP) funds for additional children and youth who are at-risk for out of home placement. Increased flexibility in the use of unit cost reimbursement (UCR) and/or non-UCR dollars support System of Care as a best practice model for children and youth with mental health and/or substance abuse problems.

For example, the funds can be used for workforce training, increased family participation in planning care for their children, comprehensive home and community based services, crisis services, prevention and early intervention activities, and increased linkages to schools and public health agencies. See the Division's web site: <http://www.dhhs.state.nc.us/mhddsas/announce/index.htm> for a memo dated 12/3/04.

## INTERAGENCY DEVELOPMENTS

A small workgroup of state and local staff from the DMH/DD/SAS and the Division of Social Services continue a series of meetings to align policies on the practices of child and family teams. They are collaborating on the development of training plans for the child and family team practice for implementation in both systems in a few local federal System of Care sites. They also intend to share

their training curricula for the purpose of developing a cross-agency child and family team training curriculum. The goal is to use this curriculum in a series of local cross-agency training by the end of June.

The State Collaborative is looking at many issues to support state reform, including: how to build community capacity, how to share cost fairly and cultural compe-

tence. The training sub-committee is assessing the possibility of developing a web site based orientation program for all new employees to teach and test concepts of System of Care. The school based sub-committee is looking at ways to effectively access mental health services in the schools. Contact: [psholomon@earthlink.net](mailto:psholomon@earthlink.net) or [Rosch@pps.duke.edu](mailto:Rosch@pps.duke.edu)